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PTO/SB/01 (8-96)

Approved for use through 9/30/98 OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION	Attorney Docket Number	U-Wp-5597
	First Named Inventor	Nelson Canter, et al.
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	Currently
	Group Art Unit	
<input checked="" type="checkbox"/> Declaration Submitted With initial Filing	OR <input type="checkbox"/> Declaration Submitted after initial Filing	Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DEHYDRATION DETECTION DEVICE AND METHOD OF USE

(Title of the Invention)

The specification of which

☒ is attached hereto
OR

☐ was filed on (MM/DD/YY)

as United States Application Number or PCT International Application

Number

led on (MM/DD/YY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(a) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231.

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DECLARATION

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent patent Number (If applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
Milton J. Wayne	17,906	William R. Moran	19,555

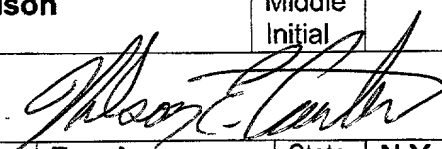
☐ Additional registered practitioner(s) named on a supplemental sheet attached hereto.

Direct all correspondence to:

Name	WILLIAM R. MORAN				
Address	333 East 43 rd Street				
Address					
City	New York	State	New York	ZIP	10017
Country	U.S.A.	Telephone	(212) 986-5801	Fax	(212) 986-5801

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor ☐ A petition has been filed for this unsigned inventor

Given Name	Nelson	Middle Initial		Family Name	Canter	Suffix e.g. Jr.	
Inventor's Signature					Date	2/27/02	
Residence: City	Purchase	State	N.Y.	Country	U.S.A.	Citizenship	U.S.
Post Office Address	6 Tam O-Shanter Drive						
Post Office Address							
City	Purchase	State	NY	Zip	10577	Country	U.S.

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

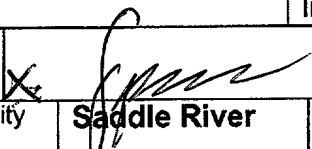
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
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Name of Additional Joint, Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Susan	Middle Initial		Family Name	Pannullo	Suffix e.g. Jr.	
Inventor's Signature					Date	2/27/02	
Residence: City	Saddle River	State	NJ	Country	U.S.A.	Citizenship	U.S.
Post Office Address		25 Ackerman Road					
Post Office Address							
City	Saddle River	State	NJ	Zip		Country	U.S.A.
Name of Additional Joint, Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint, Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint, Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint, Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							